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Attorney Docket No.: RTS-0201
Inventors: Zhang and Watt
Serial No.: 09/659,860
Filing Date: September 11, 2000
Examiner: James Schultz
Group Art Unit: 1635
Title: Antisense Modulation of Caspase 7
Expression

Certificate of Facsimile Transmission

I hereby certify that this paper is being facsimile
transmitted to the Patent and Trademark Office on
the date shown below.

On November 4, 2002

Jane Massey Licata
Jane Massey Licata Registration No. 32,257

Assistant Commissioner for Patents
Washington, D.C. 20231

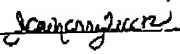
Dear Sir:

PRELIMINARY AMENDMENT AND
RESPONSE TO RESTRICTION REQUIREMENT

This Response is being submitted in reply to the Restriction Requirement mailed October 2, 2002, setting a one (1) month statutory period for response. Please enter the following amendments and remarks into the record.

In the Claims:

Please cancel claim 3.

AMENDMENT TRANSMITTAL LETTER (Large Entity)			Docket No. RTS-0201
Applicant(s): Zhang and Watt			
Serial No. 09/659,860	Filing Date September 11, 2000	Examiner James Schultz	Group Art Unit 1635
Invention: ANTISENSE MODULATION OF CASPASE 7 EXPRESSION			
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>			
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.			
CLAIMS AS AMENDED			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT
TOTAL CLAIMS	19 -	20 =	0 x
INDEP. CLAIMS	2 -	3 =	0 x
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>			\$18.00
			\$84.00
			\$0.00
			\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT			\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.			
  _____ Signature		Dated: November 4, 2002	
Jane Massey Licata Reg. No. 32,257 Licata & Tyrrell P.C. 66 E. Main Street Marlton, NJ 08053 Tel: 856-810-1515 Fax: 856-810-1454		<div style="border-bottom: 1px solid black; margin-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Signature of Person Mailing Correspondence</div> <div style="border-bottom: 1px solid black;">Typed or Printed Name of Person Mailing Correspondence</div>	
CC:			